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STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 3825
Registrar's No. 3825

1. Place of Death: (a) County Gravham (b) City or Town Thatcher (c) Location Thatcher (St. & No. (or) Name of Institution)
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution 45 yrs ; In Community 45 yrs ; In Arizona 45 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz ; (b) County Gravham ; (c) City or Town Pima
(If outside city limits also write RURAL)
(d) Street No. 83 ; (e) If foreign born, in U. S. A. yes
3. (a) FULL NAME John Vern Pace (b) If veteran yes name war Social Security No. 5-78-42
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Jennie Pace 6. (c) Age of husband or wife, if alive 46 yrs

7. Birthdate of deceased Dec 23 1890
(Month) (Day) (Year)

8. AGE: Years 51 Months 5 Days 1 If less than one day hrs 1 min 0

9. Birthplace Newton, Arizona
(City, town or county) (State or Country)

10. Usual Occupation Attorney

11. Industry or Business Attorney

12. Name H. W. Pace
13. Birthplace New. Albany, Ind.
(City, town or county) (State or Country)

14. Maiden Name Katherine Pina
15. Birthplace Salt Lake, Utah
(City, town or county) (State or Country)

16. (a) Informant's own signature J. Blair Pace, M.D.
(b) Address Thatcher, Pima Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Thatcher, Ariz (c) Date May 28 1942

18. (a) Embalmer's Signature W. E. Ransom
(b) Funeral Director W. E. Ransom
(c) Address Safford, Ariz

19. (a) June 9, 1942
(Date received local Registrar)

(b) M. D. Patton, M.D.
(Registrar's Signature)

20M 100% Day 8/23/40
By O. H. Lopez

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 28, 1942
TIME (Hour and minute) about 3 A.M.

21. I hereby certify that I attended the deceased from May 24 -
May 28, 1942
that I last saw him alive on dead May 28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Probable cerebral hemorrhage -
Due to old injury -

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. W. Ruppel M. D.
Address Safford Date signed 5-28-42

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically.